Division of Health Care Facilities

NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF ELIZABETHON REHAL (XM1)D PREFIX TAG (EACH DEDICION WILD'S TE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 002 1200-8-6 No Deficiencies N 002 This Rule is not met as evidenced by: During the Life Safety complaint investigation #TN00051652, conducted on 84/2020, no deficiencies were cited in under 1200-08-6, Standards for Nursing Homes.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF ELIZABETHON REHA! (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 002 1200-8-6 No Deficiencies N 002 This Rule is not met as evidenced by: During the Life Safety complaint investigation #TN00051652, conducted on 8/4/2020, no deficiencies were cited in under 1200-08-6,			TN1005	B. WING			
SIGNATURE HEALTHCARE OF ELIZABETHON REHA! (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) N 002 1200-8-6 No Deficiencies This Rule is not met as evidenced by: During the Life Safety complaint investigation #TN00051652, conducted on 8/4/2020, no deficiencies were cited in under 1200-08-6,	10000						
X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE N 002 1200-8-6 No Deficiencies N 002 This Rule is not met as evidenced by: During the Life Safety complaint investigation #TN00051652, conducted on 8/4/2020, no deficiencies were cited in under 1200-08-6,	SIGNATURE HEALTHCARE OF ELIZABETHON REHAL						
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 002 1200-8-6 No Deficiencies N 002 This Rule is not met as evidenced by: During the Life Safety complaint investigation #TN00051652, conducted on 8/4/2020, no deficiencies were cited in under 1200-08-6,	ELIZABETHTON, TN 37643						
This Rule is not met as evidenced by: During the Life Safety complaint investigation #TN00051652, conducted on 8/4/2020, no deficiencies were cited in under 1200-08-6,	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE	
During the Life Safety complaint investigation #TN00051652, conducted on 8/4/2020, no deficiencies were cited in under 1200-08-6,	N 002	2 1200-8-6 No Deficiencies		N 002			
		During the Life Safety #TN00051652, condu deficiencies were cite	/ complaint investigation acted on 8/4/2020, no ed in under 1200-08-6,				

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE